

TRICARE Pharmacy Program Medical Necessity Form for Dihydropyridine Calcium Channel Blockers

This form applies to the TRICARE Mail Order Pharmacy (TMOP) and the TRICARE Retail Pharmacy Program (TRRx) and may be found on the TRICARE Pharmacy website at www.tricare.osd.mil/pharmacy/medical-nonformulary.cfm. The medical necessity criteria outlined on this form also apply at Military Treatment Facilities (MTFs). The form must be completed and signed by the prescriber.

- **Nifedipine, nisoldipine (Sular), and felodipine** are dihydropyridine calcium channel blockers (CCBs) included on the DoD Uniform Formulary. **Amlodipine (Norvasc), isradipine (Dynacirc, Dynacirc CR), and nicardipine (immediate release and sustained release [Cardene SR]) are non-formulary, but available to most beneficiaries at a \$22 cost share.**
- You do **NOT** need to complete this form in order for non-active duty beneficiaries (spouses, dependents, and retirees) to obtain non-formulary medications at the \$22 non-formulary cost share. The purpose of this form is to provide information that will be used to determine if the use of a non-formulary medication *instead of a formulary medication* is medically necessary. If a non-formulary medication is determined to be medically necessary, non-active duty beneficiaries may obtain it at the \$9 formulary cost share.
- Active duty service members may not fill prescriptions for a non-formulary medication unless it is determined to be medically necessary. There is no cost share for active duty service members at any DoD pharmacy point of service.

MAIL ORDER	If the prescription is to be filled through the TRICARE Mail Order Pharmacy, check here <input type="checkbox"/>	RETAIL	If the prescription is to be filled at a retail network pharmacy, check here <input type="checkbox"/>	MTF	
	<ul style="list-style-type: none"> The completed form and the prescription may be faxed to 1-877-283-8075 or 1-602-586-3915 OR The patient may attach the completed form to the prescription and mail it to: Express Scripts, P.O. Box 52150, Phoenix, AZ 85072-9954 		<ul style="list-style-type: none"> The provider may call: 1-866-684-4488 OR The completed form may be faxed to 1-866-684-4477 		<ul style="list-style-type: none"> Non-formulary medications are available at MTFs only if both of the following are true: <ul style="list-style-type: none"> The prescription is written by a military provider or, at the discretion of the MTF, a civilian provider to whom the patient was referred by the MTF. The non-formulary medication is determined to be medically necessary. Please contact your local MTF for more information. There are no cost shares at MTFs.

There is no expiration date for approved medical necessity determinations.

Step 1 Please complete patient and physician information (Please Print)

Patient Name: _____	Physician Name: _____
Address: _____	Address: _____
Sponsor ID #: _____	Phone #: _____
	Secure Fax #: _____

Step 2 Please explain why the patient cannot be treated with any of the formulary alternatives:

Please indicate which of the reasons below (1-5) applies to each of the formulary alternatives listed in the table. You MUST circle a reason AND supply a written clinical explanation specific for EACH formulary alternative.

Formulary Alternative	Reason	Clinical Explanation
Nifedipine extended release (Procardia XL, Adalat CC)	1 2 3 4 5	
Nisoldipine (Sular)	1 2 3 4 5	
Felodipine (Plendil)	1 2 3 4 5	

Acceptable clinical reasons for not using the formulary alternatives are:

1. The formulary alternative is contraindicated (e.g., due to a hypersensitivity reaction).
2. The patient has experienced significant adverse effects with the formulary alternative.
3. Use of the formulary alternative resulted in therapeutic failure.
4. The patient is stabilized on a non-formulary CCB, is clinically fragile (multiple comorbidities), and changing to a formulary alternative would incur an unacceptable risk to the patient (e.g., destabilization, abrupt worsening of symptoms).
5. Amlodipine (Norvasc) is more appropriate than the formulary alternative for one of the following reasons (provide a clinical explanation in the space above). These patients are not required to try the formulary alternatives.
 - a. The patient is younger than 18 years of age.
 - b. The patient is unable to swallow tablets or capsules whole.
 - c. The patient has NYHA Class III or IV heart failure.
 - d. The patient has NYHA Class I or II heart failure and cannot take felodipine because it is contraindicated, the patient has experienced significant adverse effects with felodipine, or use of felodipine has resulted in therapeutic failure.

Step 3 I certify the above is correct and accurate to the best of my knowledge. Please sign and date:

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Prescriber Signature

Date